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PTO/SB/72 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 19038/39398	
Application Number 10/644,555-Conf. #8655		Filed August 20, 2003	
For OPTICAL ANTIREFLECTION FILM AND PROCESS FOR FORMING THE SAME			
Art Unit 2872		Examiner A. Y. Chang	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>47,970</u>			
_____ Signature		_____ Date	
Paul B. Stephens		(312) 474-6300	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Fee Only

I hereby certify that this correspondence is being facsimile transmitted to telephone no. (703) 672-6305, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 25, 2005

Signature: _____

Paul B. Stephens

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/644555			
Substitute for Form PTO-875									
CLAIMS AS FILED – PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *			X \$ _____ =		X \$ _____ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *			X \$ _____ =		X \$ _____ =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =			
				TOTAL		TOTAL			
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>									
CLAIMS AS AMENDED – PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus **	=	X <u>25</u> =		X <u>50</u> =		
	Independent (37 CFR 1.16(b))	*	Minus ***	=	X <u>100</u> =		X <u>200</u> =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ <u>750</u> =		+ \$ <u>300</u> =			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		X \$ _____ =		
	Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		X \$ _____ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ _____ =		+ \$ _____ =			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		X \$ _____ =		
	Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		X \$ _____ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ _____ =		+ \$ _____ =			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.